

RELATED SERVICE PROVIDER SURVEY SUMMARY

SOF LOCATION	REQUIREMENTS REVIEWED									Y	N	T O T A L
II.B.5.c	Do you provide the MET team with information you have gathered from you work with the student being evaluated											
II.B.9.b	Does the MET/IEP team determine whether or not a student needs assistive technology services or devices?											
III.B.4.h	Does the IEP team determine the need for related services?											
III.B.4.i	Do you participate in decisions regarding supplementary aids, services, adaptations?											
IV.B.2	Are IEPs being implemented as written?											
IV.B.10	For HI, are hearing aids checked on a daily basis?											
V.B.1.b	Has the district informed you of procedures to ensure confidentiality of student records?											

STRENGTHS:

CONCERNS:
